# STATE OF MICHIGAN PEPARTMENT OF NATURAL RESOURCES RESOURCE RECOVERY DIVISION

# US EPA RECORDS CENTER REGION 5 HS — FB V

#### **EVALUATION REPORT**

SANITARY LANDFILL: TYPE II	TYPE III	OTHER	
WINCHESTER DISPOSAL	AREA		FACILITY NO
OCATION Main Roads — Section No — Township — City — County			
35 21 PETIT SEC 17	PORT HUM	PON TWP	PORT HURON ST CLAIR
OSCAR WINCHESTER - DECEASE	50 OFFE	LIN NOTHAGEL	TAYLOR, MICH. 48
	& Inspecting	Unlicensed	
STRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION			·- ·
c) = Compliance (N) = Noncompliance (—) =	Does Not Apply		
A. Protection of Surface Waters	REMARKS:		// 5
B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	CAN	SIE	NO CHANGE JUSPECTION.
C. Surface Water Drainage	C'	1007	INSPECTION.
D. Period and Adequacy of Drainage	JINCE	2/13	•
E. Completion of Area/Final Coverage			
F. Compaction			
G. Leachate Control/Management			
H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification			EIVED
I. Operations Conform to Plan & License Stipulations		DEC	3 1984
J. Vermin Control/Bird Control		GUD-DE	TROIT DIST.
K. Blowing Debris, Dust & Odor Control			
L. Gas Migration			
M. Fire Protection and Restriction of Burning			
N. Equipment Adequacy			
O. Restricted Access/Attendant			
P. Traffic Flow			
Q. Salvaging/Scavenging			
R. Noise Level			
S. Fence/Screening Maintenance			
pection item definitions are on back of this form.			
RSON INTERVIEWED		DATE Y Y M	TIME OF INSPECTION
PECTED BY	REPRESE		1/2,1 10:30 Am
Royald O milla		At Clair !	6. Health Dest.
TRIBUTION: Original to Dept. of Natural Resources; 1 copy — Li	censee; 1 copy — Certifi	ed Health Dept.	R5509 Rev 7/82

# STATE OF MICHIGAN D. RIMENT OF NATURAL RESOURCES RESOURCE RECOVERY DIVISION

RECEIVED

### SEP 271984

#### **EVALUATION REPORT**

SANITARY LANDFILL: TYPE II	TYPE III OTHER
AME OF FACILITY	FACILITY NO
OCATION Main Roads - Section No - Township - City - County	
AME OF OPERATOR	NAME OF LICENSEE
OFCAR WINCHESTER - DECEASED	DARLIN NOTHACIEL. 25275 FURFEA RO
TATUS: Open & Licensed Closed	d & Inspecting 🗵 Unlicensed
C) = Compliance (N) = Noncompliance (-)	= Does Not Apply
A. Protection of Surface Waters	REMARKS:
B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	REMARKS: WEFOS ARE QUITE HIGH AT SITE
C. Surface Water Drainage	CAN SEE NO CHANGE SINCE
D. Period and Adequacy of Drainage	LAST INSPECTION.
E. Completion of Area/Final Coverage	
F. Compaction	NO ACCESS GATE.
G. Leachate Control/Management	SITE HAS NOT BEEN CLEANED
H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification	S,71 HAS NOT NEED
I. Operations Conform to Plan & License Stipulations	TO DUR SPECIFICATIONS.
J. Vermin Control/Bird Control	
K. Blowing Debris, Dust & Odor Control	
L. Gas Migration	
M. Fire Protection and Restriction of Burning	
N. Equipment Adequacy	
O. Restricted Access/Attendant	
P. Traffic Flow	
Q. Salvaging/Scavenging	
R. Noise Level	
S. Fence/Screening Maintenance	
spection item definitions are on back of this form.	The second of th
ASON INTERVIEWED	DATE  Y Y M M D D  F H D D I P
PECTED BY	REPRESENTING
Korall J. gnalle	It Clair Co- Health Dept.
TRIBUTION: Original to Dept. of Natural Resources; 1 copy — L	icensee; 1 copy — Certified Health Dept.  0 R5509 Rev 7/82

# STATE OF MICHIGAN DEPAH..MENT OF NATURAL RESOURCES RESOURCE RECOVERY DIVISION

#### **EVALUATION REPORT**

JUN 2 2 1984

R5509

SANITARY LANDFILL: TYPE II	TYPE III OTHER
NAME OF FACILITY	FACILITY NO.
LOCATION: Main Roads — Section No. — Township — City — County	ANEA
3521 PETIT SEC 17 PORT	NURON TUP FORT HURON ST CLAIR
NAME OF OPERATOR	NAME OF LICENSEE
OSCAR WINCHESTER - OFCEASED	= 25075 EURETA ROAL
STATUS: Open & Licensed Closed RESTRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION	d & Inspecting D Unlicensed TAYLOR, MICH: 4518
(C) = Compliance (N) = Noncompliance (—)	= Does Not Apply
A. Protection of Surface Waters	REMARKS:
B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	NO CHANGE - SITE IS NOT
C. Surface Water Drainage	PROPERLY COVERED. TIRES AND OTHER
D. Period and Adequacy of Drainage	SOLIO WASTE PRESENT.
E. Completion of Area/Final Coverage	
F. Compaction	NO ACCESS GATE - NO CONTROL ON DUMPING. SIGNS OF RECENT DUMPING
G. Leachate Control/Management	EVIDENT.
H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification	
I. Operations Conform to Plan & License Stipulations	SITE HAS NOT BEEN CLEANED TO
J. Vermin Control/Bird Control	ONR SPECIFICATIONS WHICH WERE
K. Blowing Debris, Dust & Odor Control	ORDERED BY THE COURT.
L. Gas Migration	FACILITY IS DESERTED.
M. Fire Protection and Restriction of Burning	
N. Equipment Adequacy	
O. Restricted Access/Attendant	
P. Traffic Flow	
Q. Salvaging/Scavenging	
R. Noise Level	
S. Fence/Screening Maintenance	
Inspection item definitions are on back of this form.	
PERSON INTERVIEWED	DATE TIME OF INSPECTION
	8,4,0,6,0,7 3:30 pm
Romell J- griller	REPRESENTING Country Health Bent.

DISTRIBUTION: Original to Dept. of Natural Resources; 1 copy — Licensee; 1 copy — Certified Health Dept.

#### STATE OF MICHIGAN PPARTMENT OF NATURAL RESOURCES GROUNDWATER QUALITY DIVISION

#### **EVALUATION REPORT**

## HECEIVED MAR 151984

	SANITARY LANDFILL: TYPE II	TYPE III OTHER
AME	OF FACILITY	FACILITY NO
CAT	WINCHESTER DISPOS  ION: Main Roads — Section No — Township — City — County	TAL AREA 7.4-
	3521 PETIT SEC 17 PORT OF OPERATOR OSCAR WINCHESTER - DECL	HURON TWP PORT HURON ST. CLAIR
		<b>\</b> .
	"US: Open & Licensed Close	d & Inspecting X Unlicensed
	Compliance (N) - Noncompliance (N)	- Doce Not Apply
<u></u>		= Does Not Apply
	A. Protection of Surface Waters  Hazardous Material/Liquids/Sowage	REMARKS:
_	B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	NO CHANGE - SITE IS NOT PROPERLY
_	C. Surface Water Drainage	COVERED TIRES AND OTHER SOLID
	D. Period and Adequacy of Cover	WASTE PRESENT.
`	E. Completion of Area/Final Coverage	
~	F. Compaction	NO ACCESS GATE - NO CONTROL ON DUMPING. SIGNS OF RECENT
_	G Leachate Control/Management	DUMPING EVIDENT.
	H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification	
	l. Operations Conform to Plan & License Stipulations	SITE HAS NOT BEEN CLEANED TO
^	J. Vermin Control/Bird Control	ONR SPECIFICATIONS WHICH WAS
-	K. Blowing Debris, Dust & Odor Control	OROTRED BY THE COURT.
-	L. Gas Migration	FACILITY IS DESERTED.
	M. Fire Protection and Restriction of Burning	
	N. Equipment Adequacy	
` J	O. Restricted Access/Attendant	
	P. Traffic Flow	
-	Q. Salvaging/Scavenging	
,	R. Noise Level	
<b>-</b>	S. Fence/Screening Maintenance	
spec	ction item definitions are on back of this form.	
RSO	N INTERVIEWED	DATE TIME OF INSPECTION
		8,410,31,2 11 AM
SPEC	TED BY	At Clair Co. Yealth Dept.
	Ronald J. miller	
STR	BUTION Original to Dept. of Natural Resources; 1 copy — L	cicensee; 1 copy — Certified Health Dept R5509

#### **EVALUATION REPORT**

SANITARY LANDFILL: TYPE II	TYPE III OTHER
WINCHESTER DISPUSAL  DISPUSAL  DISPUSAL  DISPUSAL  DISPUSAL	AREA 14 - 1
3521 PETIT STC 17	PORT HUPON TWP PORT HUPON ST CLA
AME OF OPERATOR  OSCAR WINCHESTER - DE	NAME OF LICENSEE
	sed & Inspecting X Unlicensed
STATOS OPEN & LICENSED OF ONS	ed a mapecting A officerised
C) = Compliance (N) = Noncompliance (-	) = Does Not Apply
A. Protection of Surface Waters	REMARKS:
B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	NO CHANGE - SITE IS NOT PROPERLY
C. Surface Water Drainage	COVERED. TIRES AND OTHER SOLID
D. Period and Adequacy of Cover	WASTE STILL PRESENT.
E. Completion of Area/Final Coverage	NO ACCESS GATE - NO CONTROL ON
F. Compaction	DUMPING.
G. Leachate Control/Management	
H Engineering Plans, Hydrogeologic Evaluation & Construction Certification	SITE HAS NOT BEEN CLEANED TO
Operations Conform to Plan & License Stipulations	- ONR SPECIFICATIONS WHICH WAS
J. Vermin Control/Bird Control	
K. Blowing Debris, Dust & Odor Control	NOBODY IN BUILDING AT THE TIME
L. Gas Migration	OF INSPECTION,
M. Fire Protection and Restriction of Burning	
N. Equipment Adequacy	
O. Restricted Access/Attendant	
P. Traffic Flow	
Q. Salvaging/Scavenging	
R. Noise Level	
- S. Fence/Screening Maintenance	
spection item definitions are on back of this form.	
RSON INTERVIEWED	DATE TIME OF INSPECTION  Y M M D D  F 3 1 / 2 7 7 1/ AM
SPECTED BY	REPRESENTING
Dan OD O. grille	It Clin County Health Dept.
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Rev 3/83

#### L

#### **EVALUATION REPORT**

	SANITARY LANDFILL: TYPE II	TYPE III OTHER
NAME OF F		FACILITY NO.
LOCATION:	WINCHESTER 0,5POS	AL AREA
NAME OF C	3521 PETIT 17 PEN	T NURSW TUP PERT HURON ST CLAIR
	OSCAR WINCHESTER	NAME OF LICENSEE
STATUS		i & Inspecting   ☐ Unlicensed
	ONS/STIPULATIONS TO CONSIDER DURING INSPECTION	
<u> </u>		
(C) = C	Compliance (N) = Noncompliance ()	= Does Not Apply
_ A	. Protection of Surface Waters	REMARKS:
-\ €	Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	NO CHANGE - SITE IS NOT PROPERLY
_ C	. Surface Water Drainage	COVERED. TIRES AND OTHER SOLID WAST
- D	. Period and Adequacy of Drainage	STALL PRESENT.
_ E	. Completion of Area/Final Coverage	NO ACCESS GATE
~ F	. Compaction	
~ G	i. Leachate Control/Management	SITE HAS NOT BEEN CLEANED TO ONR
_ H	Engineering Plans, Hydrogeologic Evaluation & Construction Certification	SPECIFICATIONS WHICH WAS ORDERED
<b>-</b> 1.	Operations Conform to Plan & License Stipulations	BY THE COURT.
~ J	Vermin Control/Bird Control	MR WINCHESTER IS DECEASED.
_ K	. Blowing Debris, Dust & Odor Control	
	. Gas Migration	
- N	Fire Protection and Restriction of Burning	
_ N	. Equipment Adequacy	
_ C	. Restricted Access/Attendant	RECEIVED
, P	. Traffic Flow	AUG 18.963
_ c	. Salvaging/Scavenging	GOD-DETROIT DIST.
~ R	. Noise Level	
_ S	. Fence/Screening Maintenance	
r <del></del>	n item definitions are on back of this form.	DATE TIME OF INSPECTION
PERSON IN	I EVAICAEN	DATE TIME OF INSPECTION  Y Y M M D D  F 3 0 2 / PM
INSPECTED		REPRESENTING
	Ronald O. mille	ST CLAIR CO HEALTH DEPT
DISTRIBUT	TION: Original to Dept. of Natural Resources; 1 copy — L	

#### **EVALUATION REPORT**

	SANITARY LANDFILL: TYPE II	TYPE III OTHER
NAME	OF FACILITY	FACILITY NO.
\ \	VINCHESTER DISPOSAL	AREA
35	ON. Main Floads - Section No Township - City - County  21 PETIT 17 FORT HURDLE OF OPERATOR  OSCAR WINCHESTER	TWP. PORT HURON ST CLAIR
OTAT		d 0 Japanesian N Julianand
RESTRI	US: Open & Licensed Closed Closed	d & Inspecting \(\sum_{\text{N}}\) Unlicensed
(C) =	Compliance (N) = Noncompliance (—)	= Does Not Apply
^	A. Protection of Surface Waters	REMARKS:
	B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	NO CHANGE SINCE LAST INSPECTION
~	C. Surface Water Drainage	SITE IS NOT PROPERLY COVERED.
-	D. Period and Adequacy of Cover	TIRES AND OTHER MATERIAL STILL
`	E. Completion of Area/Final Coverage	PRESENT.
~	F. Compaction	NO ACCESS GATE.
~	G. Leachate Control/Management	SITE HAS NOT BEEN CLEANED TO
`	H. Engineering Plans. Hydrogeologic Evaluation & Construction Certification	ONR SPECIFICATIONS WHICH WAS
<b>,</b>	I. Operations Conform to Plan & License Stipulations	ORDERED BY THE COURT.
	J. Vermin Control/Bird Control	
_	K. Blowing Debris, Dust & Odor Control	MR. WINCHESTER HAS RECENTLY DIED.
<u> </u>	L. Gas Migration	
_	M. Fire Protection and Restriction of Burning	
-	N. Equipment Adequacy	
_	O. Restricted Access/Attendant	
_	P. Traffic Flow	
_	Q. Salvaging/Scavenging	
/	R. Noise Level	
_	S. Fence/Screening Maintenance	
Inspec	tion item definitions are on back of this form.	
PERSON	I INTERVIEWED	DATE TIME OF INSPECTION  Y Y M M D D  E 3 7 6 2 4 4 4 30 6 m
	Ronald J. griller	St Clair County Health Dept.
TRI	BUTION: Original to Dept. of Natural Resources; 1 copy — L	icensee; 1 copy — Certified Health Dept. #5509 Rev. 3/83

### EVAL... ION REPORT - SANITARY LANDFILLS

### Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility Winchester Disposal A	rea	Facility No.	
Location 3521 Petit Street 17	Port Hur		
Main Roads Section No.	Townshi	City	County
Name of Operator Oscar Winchester	Name of Lie	censee	
Landfill Type ( ) II ()	() III	( ) Other	
Facility Status () open & licensed (or () closed & inspecting (X) unlicensed		Restrictions/Stipul During Inspection	ations to consider
(C) Indicates Compliance (N) Indicat	es Noncomplian	ce (-) Does No	t Apply
A. Protection of Surface Waters		REMARKS	A company
B. Hazardous Material/Liquids Materials Authorized for Disposal	that have	tell site regar	al was being
C. Surface Water Drainage	2 27	Hane .	<i>V</i>
D. Period and Adequacy of Cover	A A	to material	was king
E. Completion of Area/Final Cover	2 2	there, and two	loads were
F. Compaction	brought.	2	
G. Leachate Collection/Management	and ever o	leaned up.	
H. Approved Engineering Plans and Hydrogeologic Evaluation	fite wi	on cleaned up	•
I. Operations conform to Plan & License Stipulations			
J. Vermin Control/Bird Control			
K. Blowing Debris, Dust & Odor Control			
L. Gas Migration			
M. Fire Protection and Restriction of Burning			
N. Equipment Adequacy			
O. Restricted Access/Attendant			
P. Traffic Flow			
Q. Salvaging/Scavenging			
R. Noise Level			
S. Fence/Screening		······	
Person Interviewed	Date 8 131 019	4/ <u>]/</u> ?/Time of Insp	ection <u>// A/M</u>
Inspected by Romall & graffe	yy m n Representi	a dd <sub>ng</sub> St. Clair County	Health Department

#### DEFINITIONS

- A. Visible or known pollution of surface waters.
- B. Hazardous materials, liquids, or sewage shall not be disposed, unless special provisions are made for such disposal, through the solid waste control agency, following approved procedures.
- C. Surface water drainage system should drain completed and active areas towards perimeter drains, without impounding on the surface, coming in contact with solid waste, or eroding cover.
- D. Solid Waste should be covered daily with six (6) inches of suitable cover material; all daily cover depths shall be continually maintained. One foot of compacted intermediate cover shall be placed on the surface of any lift that will be exposed for a period of 3 months or more before additional lifts are constructed.
- E. Final cover must be applied within three (3) months of reaching final grade and must be seeded and stabilized as soon as practical; final cover depths shall be maintained for a period of five (5) years.
- T. Solid waste shall be spread so that it can be compacted in layers not exceeding a depth of two (2) feet.
- G. Where applicable, Type II landfills shall have systems to collect and remove leachate. Leachate disposal method must be approved by the solid waste control agency.
- H. Engineering plans, hydrogeologic evaluation and monitoring program approved?
- I. Plans on file, sequence of filling operation, and certification of construction for areas prepared to accept solid waste.
- J. Operation shall not be conducive to insect or rodent attraction or preeding. Supplemental insect or rodent control measures shall be instituted when meressary. Provisions to control birds, if necessary, must be instituted if site is within 10,000 feet of an airport licensed by the Michigan Aeronautic Commission.
- K. Measures shall be provided to control dust, blowing papers and debris; dust and odor shall be reasonably controlled at all times.
- L. Measures shall be instituted to control decomposition gases, in order to limit lateral movement or accumulation in nearby structures.
- M. Measures shall be available to extinguish accidental fires. Burning of trees, stumps, and brush shall be severely restricted, and when allowed, shall be conducted only in designated areas with the permission of the solid waste control agency and other appropriate authorities.
- N. Properly maintained equipment of adequate number, type, and size.
- O. Access to site shall be limited to those times when an attendant is on duty or when an alternative monitoring device is in use. Access shall be controlled by a suitable barrier.
- P. Adequate on-site roads designed, constructed, and maintained for smooth traffic flow; not interrupted by ordinary inclement weather.
- Q. Salvaging, if allowed by the licensee, shall be organized so that it does not interfere with prompt disposal of other wastes. Scavenging is prohibited.
- R. Noise shall not exceed levels for specified adjacent landuse, measured at the common property line nearest the active work area. Residential 75 DBA Compact ALES DBA, Industrial 90 DBA.
- S. If there is 300 feet or less isolation distance from nearest resiMPRO, 11983 an eight (8) foot high berm with four (4) foot fence on top, constructed around the neminator of the active work area is required.

This report should be distributed as follows:

- 1. Original to Department of Natural Resources
- 2. Copy to license holder
- 3. Copy to Certified Health Department

### EVALUATION REPORT - SANITARY LANDFILL

Michigan Department of Natural Resources - Resource Recovery Division

N	ame of Facility Winchester Disposal Ar	rea		Facility No.	1-11/14
L	ocation 3521 Petit Street 17	Port Hu	ron	Port Huron	St. Clair
	Main Roads Section No.	Townsh	ip	City	County
N	ame of Operator Oscar Winchester	Name of L	icensee _		
L	andfill Type ( ) II (X	() III	( ) Oth	ner	
F	( ) open & licensed (or ( ) closed & inspecting (X) unlicensed			ctions/Stipul Inspection	ations to consider
((	C) Indicates Compliance (N) Indicat	es Noncompliar	nce	(-) Does No	t Apply
	A. Protection of Surface Waters	_	.2	REMARKS	t 'me tim
i i	B. Hazardous Material/Liquids Materials Authorized for Disposal	no ch	lange	since le	ered.
	C. Surface Water Drainage	Site no	A prop	perly con	
N	D. Period and Adequacy of Cover	no and	rest o	ote.	
N	E. Completion of Area/Final Cover	2 1		+ 1 1	and to
N	F. Compaction	Site ho	a min	1 been ex	2
<u>~</u>	G. Leachate Collection/Management	ONR	speci	fications	whill
	H. Approved Engineering Plans and Hydrogeologic Evaluation	woso	rderel	by the	which court.
 -d	I. Operations conform to Plan & License Stipulations				
	J. Vermin Control/Bird Control				
_	K. Blowing Debris, Dust & Odor Control				
_	L. Gas Migration				
_	M. Fire Protection and Restriction of Burning				
_	N. Equipment Adequacy				
7	O. Restricted Access/Attendant				
_	P. Traffic Flow				
	Q. Salvaging/Scavenging				
	R. Noise Level				
	S. Fence/Screening				
Pe	rson Interviewed	Date 8/3/0/	/3/0/3/ m dd	Time of Inspe	ection / Pm
In	spected by Ronald J. Incles	Represent	sing St.	Clair County	Health Department

#### DEFINITIONS

- A. Visible or known pollution of surface waters.
- B. Hazardous materials, liquids, or sewage shall not be disposed, unless special provisions are made for such disposal, through the solid waste control agency, following approved procedures.
- C. Surface water drainage system should drain completed and active areas towards perimeter drains, without impounding on the surface, coming in contact with solid waste, or eroding cover.
- D. Solid Waste should be covered daily with six (6) inches of suitable cover material; all daily cover depths shall be continually maintained. One foot of compacted intermediate cover shall be placed on the surface of any lift that will be exposed for a period of 3 months or more before additional lifts are constructed.
- E. Final cover must be applied within three (3) months of reaching final grade and must be seeded and stabilized as soon as practical; final cover depths shall be maintained for a period of five (5) years.
- T. Solid waste shall be spread so that it can be compacted in layers not exceeding a depth of two (2) feet.
- G. Where applicable, Type II landfills shall have systems to collect an i remove leachate. Leachate disposal method must be approved by the solid waste control agency.
- H. Engineering plans, hydrogeologic evaluation and monitoring program approved?
- I. Plans on file, sequence of filling operation, and certification of construction for areas prepared to accept solid waste.
- J. Operation shall not be conducive to insect or rodent attraction or breeding. Supplemental insect or rodent control measures shall be instituted when necessary. Provisions to control birds, if necessary, must be instituted if site is within 10,000 feet of an airport licensed by the Michigan Aeronautic Commission.
- K. Measures shall be provided to control dust, blowing papers and debris; dust and odor shall be reasonably controlled at all times.
- 1. Measures shall be instituted to control decomposition gases, in order to limit lateral movement or accumulation in nearby structures.
- M. Measures shall be available to extinguish accidental fires. Burning of trees, stumps, and brush shall be severely restricted, and when allowed, shall be conducted only in designated areas with the permission of the solid waste control agency and other appropriate authorities.
- N. Properly maintained equipment of adequate number, type, and size.
- 5. Access to site shall be limited to those times when an attendant is on duty or when an alternative monitoring device is in use. Access shall be controlled by a suitable barrier.
- P. Adequate on-site roads designed, constructed, and maintained for smooth traffic flow; not interrupted by ordinary inclement weather.
- Q. Salvaging, if allowed by the licensee, shall be organized so that it does not interfere with prompt disposal of other wastes. Scavenging is prohibited.
- R. Noise shall not exceed levels for specified adjacent landuse, measured at the common property line nearest the active work area. Residential 75 DBA, Commercial 85 DBA, Industrial 90 DBA.
- S. If there is 300 feet or less isolation distance from nearest respect to leght (8) foot high berm with four (4) foot fence on top, constructed around the perimeter of the active work area is required.

  nFC: 61982

This report should be distributed as follows:

- 1. Original to Department of Natural Resources
- 2. Copy to license holder
- 3. Copy to Certified H. h Department

RESOURCE RECOVERY S.E. MICHIGAN REGION DIVISION OFFICE

#### EVALUATION REPORT - SANITARY LANDFILL

#### Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility	Winchester Disposa	1 Area	···	_Facility No.	1-1111
Location 3521 Pe		Port	Huron	Port Huron	St. Clair
Main Roa	ads Section No.	Town	iship	City	County
Name of Operator	Oscar Winchester	Name of	Licensee		· · · · · · · · · · · · · · · · · · ·
Landfill Type	( ) [[	(X) III	( ) (	ther	
Facility Status	( ) open & licensed ( ) closed & inspect (X) unlicensed			rictions/Stipul ng Inspection	ations to consider
(C) Indicates Com	apliance (N) Indi	icates Noncompl	iance	(-) Does No	t Apply
A. Protection Surface Wat				REMARKS	
_ 1	Material/Liquids Authorized for Disposa	$[0, \mathcal{E}_j]$	,		
C. Surface Wat	er Drainage	1t	not a	rozerly cov	ered.
J D. Period and	Adequacy of Cover	9/10	eccess	arti	•
	of Area/Final Cover		•	gaa.	
V F. Compaction		Still	as not	been cha	ned to
	ollection/Management	1/8	. 1	+	lich was
H. Approved En	ngineering Plans and ric Evaluation	ordered	specifi In th	lear cha cations wo	
I. Operations License Sti	conform to Plan & pulations		<i>' T</i>		
J. Vermin Cont	rol/Pird Control				
K. Blowing Deb Control	oris, Dust & Odor				
L. Gas Migrati	.on				
M. Fire Protectof Burning	tion and Restriction				
N. Equipment A	dequacy				
O. Restricted	Access/Attendant				
P. Traffic Flo	W				
Q. Salvaging/S	cavenging				
R. Noise Level					
S. Fence/Scree	ning				
Person Interviewe		Date Pi2	1111111	/ Time of Inspe	ection 3:30 /
Inspected by	Ronald 0. 9	. Да УУ	mm dd		Health Department

### EVALUATION REPORT - SANITARY LANDFILL

#### Michigan Department of Natural Resources - Resource Recovery Division

N	ame of Facility Winchester Disposal A	rea	Facility No	
	ocation 3521 Petit Street 17	Port Huro		/ - / / / / / St. Clair
ייר	Main Roads Section No.	Township		County
N	ame of Operator <u>Oscar Winchester</u>	Name of Lic	ensee	
L	andfill Type ( ) II ()	() III	( ) Other	
F	acility Status () open & licensed (or () closed & inspecting (X) unlicensed		Restrictions/Stipul During Inspection	ations to consider
((	C) Indicates Compliance (N) Indicat	es Noncomplianc	e (-) Does No	t Apply
_	A. Protection of Surface Waters	0-4 1	REMARKS	0 0
_	B. Hazardous Material/Liquids Materials Authorized for Disposal	P. Sile Ka	s not been pry	terily covered.
•	C. Surface Water Drainage	1		
·	D. Period and Adequacy of Cover	O no as	cess gate pro	reflect.
V	E. Completion of Area/Final Cover	1		
v	F. Compaction	Lite has	not been c	Keanel
~-	G. Leachate Collection/Management		+ DNR sper	fications as
_	H. Approved Engineering Plans and Hydrogeologic Evaluation	requested	to DNR spec by court,	
•	I. Operations conform to Plan & License Stipulations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	J. Vermin Control/Bird Control			
_	K. Blowing Debris, Dust & Odor Control			
_	L. Gas Migration			
-	M. Fire Protection and Restriction of Burning			
_	N. Equipment Adequacy			
T	O. Restricted Access/Attendant			
	P. Traffic Flow			
`	Q. Salvaging/Scavenging			
-	R. Noise Level			
_	S. Fence/Screening			
Pe	rson Interviewed	Date 8/2/0/7	$\frac{1}{2} \frac{1}{3}$ Time of Inspe	ection // AM

Inspected by Roseld J. guiller

Representing St. Clair County Health Department

### EVALLATION REPORT - SANITARY LANDFILL

	Michigan Depart	ment of Natura	l Resources -	Resource	e Recovery Di	vision	. /
Na	ame of Facility Winches	ter Disposal A	rea	<u>-</u> .	Facility No.	1/4-	11/1/14
Lo	ocation 3521 Petit Stree	et 17	Port Hu		Port Huron		Clair
	· · · · · · · · · · · · · · · · · · ·	ection No.	Townsh	ip	City	Count	у
Na	me of Operator Oscar W	linchester	Name of I	icensee			
La	andfill Type ( )	· II (	X) III	( ) Ot	ther		
Fa		a & licensed (or sed & inspecting censed			ctions/Stipu Inspection	lations	to consider
((	) Indicates Compliance	(N) Indica	tes Noncomplia	nce	(-) Does No	ot Apply	7
D	A. Protection of Surface Waters				REMARKS	4	n
<del></del>	B. Hazardous Material/L Materials Authorized	•	D. Lite	for ne	et been pr	opedy.	. للعاضمين ما العام
	C. Surface Water Draina	ge	E, 90%	مستنر	har been	prove	asa, wa
<del>-</del> -	D. Period and Adequacy	of Cover	+ F. all	meterie	ile one un	Companied	- •
<u>*</u> √	E. Completion of Area/F	inal Cover	10.500	0	n gote p	midel	
<del>/</del> _	F. Compaction		032. 132	funct		۸	t ONR
<u>γ</u>	G. Leachate Collection/	Management	04 1	Tan 2	t been de	anel	λο P) · · ·
•	H. Approved Engineering Hydrogeologic Evalua	Plans and	specific	etioni o	t been cle	d by	lagge
_	I. Operations conform to License Stipulations		Leaning		·		
	J. Vermin Control/Bird	Control	1				
-	K. Blowing Debris, Dust Control	& Odor					
-	L. Gas Migration		1				
_	M. Fire Protection and of Burning	Restriction					
_	N. Equipment Adequacy	<del></del>	1				
1	O. Restricted Access/At	tendant					
-	P. Traffic Flow		†				
•	Q. Salvaging/Scavenging	<del></del>	†				
_	R. Noise Level						
Y	S. Fence/Screening						
Pe	rson Interviewed	•	Date <b>8</b> /2/8	15/1/1	Time of Insp	ection	
In	spected by Ron	miller	уу ш	m dd	Clair County		Department

Not Approved

Approved

2-4-82 Representing It Clair G. Health Sight

Street Address   City   Commship   Cours	ms of Disposal Fac	cility Winches	ter Dissosa	I area
me of Operator Acces Access Address 4382 Well Steet fill operaty Owner Serve Address  nicipalities from which refuse is received None  plaction: (Neerest Residence) (Miles) (Feet)  pa of facility: A SL (Sanitary Landfill) Allayd PP (Processing Plant)  TA (Transfer Facility) CC (Collection Center)  Tindicates Compliance (X) Noncompliance (-) Does not Apply  X3 ALQUIRED IN ALL FACILITIES (SL, TA, PP, CC):  lan on file Operation Conforms to Plan Salvaging Printing Asstricted Access Salvaging Monactivity approved instricted Access Salvaging Monactivity approved Access Salvaging Monactivity Access Salvaging Monactivity Approved Access Salvaging Monactivity Access Salvaging Access Salvaging Enclosed Salvaging Access Salvaging Enclosed Salvaging Access Salvaging Enclosed Salvaging Access Sa	cation 34	Sal Potit	Part	4 com
operty Owner	(Street	Address) (City	) (You	mship) (County)
plation: (Nearest Residence)  plation: (Nearest Residence)  pa of facility: A SL (Sanitary Landfill) Alleged PP (Processing Planc)  TR (Transfer Facility)  TR (COllection Center)  TR (Transfer Facility)  TR (Transfer Facility)  TR (Transfer Facility)  TR (Collection Center)  TR (Transfer Facility)  TR (Not Approved)  Transfer Facility  Transfer Construction  Transfer Facility  Transfer Faci				
olstioni (Nearest Residence) (Miles) (Feet)  pa of facility: (2) SL (Senitary Landfill) floyd (Processing Planc)  TA (Transfer Facility) (CC (Collection Center)  The Talliance (The Monday Plance) (The Does not Apply (CC) (Collection Center)  The Talliance (The Monday Plance) (The Does not Apply (CC) (Collection Center)  The Talliance (The Monday Plance) (The Athanas	operty Owner	Some	Address	AND THE RESERVE OF THE PERSON
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TR (Transfer Facility)  TR (CC (Collection Centor)  TR (CC)  TRANS  TR APPLY  TR	olation: (Nearest	Residence)	(	Miles) (Feet)
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lan on file  istricted Access  istricted Access  irring Restricted  Attendant  Equipment Maintenance  irring Access  irring Restriction  Dust & Odor Control  Restricted Access  irring Restriction  Irring Restriction  Safful Red IN St. ONLY:  Otection of Ground  Period of Cover  Advantage  Cover Maintenance  Cover Maintenance  Irring Restriction  Irring Restriction  Irring Restriction  Irring Restriction  Access  Required In TR AND PP ONLY:  Intainer Construction  Restricted Access  Irring Area  Recuired IN TR, PP, AND CC:  earling Around Facility  Approved  Inspected By Ronald J. Miller  Inspected By Ronald J. Miller  Inspected By Ronald J. Miller	) Indicates Compi	Tance (X) Nonco	ompliance	( - ) Does not Apply
REQUIRED IN TR. PP. AND CC: eaning Around Facility  Approved  Not Approved  Inspected By Ronald J. Miller	Ish on file districted Access draining Restricted deffic Flow  IS REQUIRED IN SECURED IN TRUBE CALLION TO SUFFECE MATERIAL COLUMNS TO SUFFECE MATERIAL CALLION TO SUFFE	Operation Confidence Salvaging Attendant On-Site Roads  TR. PP: Equipment Main Dust & Odor Co Paper Confined General Mainte  ONLY: nd Period of Cove Cover Maintena Completion of Surface Bater  AND PP ONLY:	itenance ontrol onance or nce Area Orainage	Mo activity opposite to since last inspection.  No futles dumping and no chen up started.  There and sometimes material still present to sure specifications.  There and gate not moved
1 Interviewed Nobely process Inspected by Ronald J. Miller	rage Area  REQUIRED IN TR. eening Around Fa	Dumping Daily L.  PP. AND CC:	Ares	- lover not provide !
	<u></u>	40	Inspected By _	Bonald J. Miller

Inspected by Michael Angelrando

October 19 1981 Representing St Clair Co.

interviewed

	-14
Michigan Department of Nature 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Evaluation Report
Name of Disposal Facility Winchester DISPOSAL	AREA
Location Term ST. Port HURON To (Street Address) . (City)	ORT HURIN ST. CHAR Township) (County)
Name of Operator OSCAR WINCHESTER Address	
Property Owner SAME Address	
Municipalities from which refuse is received	
Isolation: (Nearest Residence)	(Miles) (Feet)
Type of Facility: St (Sanitary Landfill) SLEED	PP (Processing Plant)
/ TR (Transfer Facility)	
( X ) Indicates Compliance ( X ) Noncompliance	( - ) Does not Apply
ITEMS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC):  Plan on File Operation Conforms to Plan Restricted Access Salvaging Attendant Traffic Flow On-Site Roads  TEMS REQUIRED IN SL, TR, PP:  Equipment Equipment Maintenance Fire Protection Dust & Odor Control Hazardous Material Paper Confined Vermin Control General Maintenance  ITEMS REQUIRED IN SL ONLY:  Protection of Ground General Maintenance Spreading Refuse Completion of Area Compaction Cell Volumes  ITEMS REQUIRED IN TR AND PP ONLY:  Container Construction Building Enclosed	REMARKS  SITE CLOSED. NO  ACTIVITY OR IMPROVEMENTS  MRDE SINCE LAST INSPECT
Container Removal Storage Are:  Dumping Area Daily Log  ITEM: REQUIRED IN TR. PP. AND CC: Screening Around Facility	

Not Approved

Approved

Agrson Interviewed

Representing St. Chair Co HEALTH PERY

contract of national or national contract Recovery Division	i Nasources	Evaluation	in Report 741-4
of Mapasal Facility	Winchester Disposal	Area	ر المارية والمارية والمواجعة المعادية ا
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	nchosta- idoress	4332 Wall Strout	PH
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eurint (Nearest Residence	)	(Miles) (Feat)	•
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Indicates Compliance	X ) NoncempY (ance	(-) Boos no	it Apply
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# ichigan Department of Natural Resources 6 esource Recovery Division

#### Evaluation Report

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of Operator	Ancer &	Inclust.	Mddress _	438	5	Well
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icipalities from	which refuse	is received	-	<del> </del>		
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Indicates Compi	Tence T	Y ) Noise onp	fance	( -		Does not Apply
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S REQUIRED IN SL. uipment re Protection lardous Material rmin Control	Equi	pment Mainter à Odor Contr ir Confined ral Maintenan	נון א <b>וס-</b>	The fact of the fa	3 0	lite has not been leaned to ONR specific Frace - gots. has not willed
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I REQUIRED IN TR ntainer Construct \tainer Removel >rage Area		Building E Dumping Ar Daily Log				
REQUIRED IN TR.						
Approved	(X) Not A	pproved				
n Interviewed	Z	. 19-81	Inspecte		Kon	all J mills
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						R 5504 6/23/77

Evaluation Report 74-14 ichigan Department of Natural Resources .esource Pacovery Division ins of Olsposal Facility Winshater Disgosal area me of Operator \_ Oseros Evinclestia Address 4382 Evill operty Owner \_\_\_\_\_\_ Address \_\_\_\_\_ nicipalities from which refuse is received \_\_\_\_\_ plation: (Nearest Residence) (Miles) (Feet) pa of facility: [] SL (Sanitary Landfill) (Processing Plant) CC (Collection Center) TR (Transfer Facility) - Does not Apply (X) Noncomplence Indicates Compilance REMARKS HS REQUIRED IN ALL PACILITIES (SL. TR. PP. CC): MA . Ties and Lour makera lan on file Operation Conforms to Plan since last inspection, istricted Access Salvaging irning Restricted Attendant "affic flow On-Site Roads NA Lite has not be clean is required in Sl. Tr. Pp: :utpment Equipment Maintenance ire Protection Dust & Odor Control ujo. 'zardous Material Paper Confined rmin Control General Maintenance IS REQUIRED IN SL ONLY: 1/2 otection of Ground Period of Cover nd Surface Water Cover Maintenance reading Refuse Completion of Area \_\_\_\_\_\_ Surface Water Orainage i volumes I REQUIRED IN TR AND PP ONLY: 4/7 Building Enclosed ntainer Construction Dumping Area itainer Removal Frage Area Delly Log REQUIRED IN TR. PP. AND CC: eening Around Facility Approved Not Approved Inspected By Ronald & Mr. Me. . Interviewed

12-17-Po Representing

# Michigan Department of Nature Resources Resource Recovery Division

#### **Evaluation Report**

Name of Disposal Facility	W. Let. Desperal	Alm	
tenden $3501$ $\mathcal{D}_{i}$	MIN (WESTER, 15 (2)	Port Illian	Sindlaw
Location 3521 P. (Street Address)			(County)
Name of Operator Ochar Wi	nchester Address	4382 Wall	
Property Owner Some	Address		
Municipalities from which re	fuse is received		
Isolation: (Nearest Residence	e)	(Miles) (Feet	)
Type of Facility: [ ] SL	(Sanitary Landfill)	PP (Proc	essing Plant)
TR	(Transfer Facility)	СС (Coll	
( ) Indicates Compliance	(X) Noncompliance	区 [LIGAL]	ot Apply
ITETTIC FIUN	Operation Conforms to Plant Salvaging Attendant On-Site Roads	M)  In Inc) appears  lost	nt change since inspection.
ITEMS REQUIRED IN SL, TR, PP Equipment Fire Protection Hazardous Material Vermin Control	Equipment Maintenance Dust & Odor Control Paper Confined General Maintenance	mying	Include is preent to get additional
Protection of Ground and Surface Water Spreading Refuse Compaction Cell Volumes	Period of Cover Cover Maintenance Completion of Area Surface Water Drainage		
ITEMS REQUIRED IN TR AND PP ( Container Construction Container Removal Storage Area	ONLY: Building Enclosed Dumping Area Daily Log		
ITEMS REQUIRED IN TR. PP. AND Screening Around Facility	CC:	·	inc ternot
Approved 🖾	Not Approved	1	1
Person Interviewed	Inspect	ed By Wadad Ing	March & 3
iete 9/24/80	Represe	inting St Chair Co	entu

Michigan Department of Natura Resources Resource Recovery Division Evaluation Report Name of Disposal Facility 1 milety December (Was Location (Street Address) (City) (Township) Name of Operator Acces Winchester Address 43.82 iral Street Property Owner \_\_\_\_\_\_\_ Address \_\_\_\_\_ Municipalities from which refuse is received \_\_\_\_\_\_ Isolation: (Nearest Residence) (Miles) (Feet) FACILITY Type of Facility: [ ] SL (Sanitary Landfill) PP (Processing Plant) TR (Transfer Facility) CC (Collection Center) ( - ) Does not Apply ( ) Indicates Compliance ( X ) Noncompliance TEMS REQUIRED IN ALL FACILITIES (SL. TR. PP. CC): NIT REMARKS Operation Conforms to Plan Play on File There appears to be to Restricted Access Salvaging Burning Restricted Traffic Flow Charge sine last Attendant On-Site Roads inviction. ITEMS REQUIRED IN SL. TR. PP: They stell present Equipment Equipment Maintenance Fire Protection Dust & Odor Control d sets. Hazardous Material Paper Confined Vermin Control General Maintenance no apparent attempt ITEMS REQUIRED IN SL ONLY: to clean up. Protection of Ground Period of Cover and Surface Water Cover Maintenance Spreading Refuse Completion of Area Will aduise DNA enjouement youry. Compaction Surface Water Drainage Cell Volumes ITEMS REQUIRED IN TR AND PP ONLY: Container Construction **Building** Enclosed Container Removal Dumping Area Storege Area Daily Log ITEMS REQUIRED IN TR, PP, AND CC: Screening Around Facility

Approved Mot Approved

Feison Interviewed Mr Winchester Inspected By Michael My

Representing & Clair Conta Health

**BOARD OF HEALTH** ELMER H. KERSTEN, CHM. MARINE CITY EO V. VERNIER, VICE CHM., FAIR HAVEN MARY MECHTENBERG. SEC . PORT HURON JAMES F. GERRITS, M.D. ST. CLAIR ROBERT G. SNODDY, YALE

ALGONAC BRANCH 75 COURT REFERRAL 982-9517 MEDICAID SCREENING 984-3894 W. I. C. PROGRAM 987-8222

LABORATORY 987-530 **DENTAL PROGRAM 984-519** ENVIRONMENTAL HEALTH 987-530

FAMILY PLANNING 987-530

74-14

### st. clair county health departmen

108 McMORRAN BOULEVARD - PORT HURON, MICHIGAN 48060 - OFFICE 987-530

NEW

May 1, 1980

FILE

Mr. Oscar Winchester 4382 Wall Street Port Huron, Michigan 48060

Dear Mr. Winchester:

Enclosed please find the report from an inspection made of your property located at 3521 Petit Street in Port Huron Township on April 30, 1980 by Ron Miller, St. Clair County Health Department. At the time of inspection the following items were found:

- Tires and demolition material still on site no change since last inspection.
- 2. Site has not been cleaned to DNR specifications.
- Fence gate not provided for entire site.

4. Cover not provided for dumping area.

This inspection revealed that no cover has been placed over all dumping areas, as required by result of the hearing conducted by Judge Turton. Since the June 30, 1979 deadline has expired, we are referring this case to the Environmental Enforcement Division for further action.

Sincerely.

ST. CLAIR COUNTY HEALTH DEPARTMENT Jon B. Parsons, M.P.H. Director, Health Officer

Sanitarian

RJM: db

Tom Work Jim Miller Valarie Burgess ~ Prosecuting Attorney's Office Port Huron Township.

RECEIVED

MAY 5 1980

RESOURCE RECOVERY S.E. MICHIGAN REGION DIVISION OFFICE

# Michigan Department of Nature Resources Resource Recovery Division

# Evaluation Report

1	r / · 1 +	J A	
Name of Disposal Facility	Windrote K	Simoral de	ed ar
Location 3521 Pol	(C1ty)	F.X.I.	St. Clar
	Pocer Wischarter Address _	4384 Wall	f. IVIV.
Property Owner	Address		
Municipalities from which	refuse is received		
Isolation: (Nearest Reside	incej	(Miles) (Fee	t)
Type of Facility: [ ] S	Stanitary Landfill)	PP (Pro	cessing Plant)
	R (Transfer Facility)	CC (Co1	lection Center)
( ) Indicates Compliance	(X) Noncompliance	( - ) Does	not Apply
Plan on File Restricted Access Burning Restricted Traffic Flow  ITEMS REQUIRED IN SL, TR, Equipment Fire Protection Hazardous Material Vermin Control  ITEMS REQUIRED IN SL ONLY:	Equipment Maintenance Dust & Odor Control Paper Confined General Maintenance  Period of Cover Cover Maintenance Completion of Area Surface Water Drainage	THERE HAS SINGE LAND SINGE LAND 1:RES, DEMAN 2. SITE HAS TO ONR 3. ALL WA DE CL H. AS A ACTION 1 DUAPING S. FENCE ON ENT 6. TALKEL SITE WAS	ST INSPECTION, MATERIAL STALL ON SIT TOUT BEEN CLEAVED SPECIFICATIONS STE MATERIAL MICH
Screening Around Facility  Approved			·
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late 4~30.	30 Represen	iting It clan	Po. Hould Dest